

EXHIBIT C

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

BONGO PRODUCTIONS, LLC, ROBERT)	
BERNSTEIN, SANCTUARY PERFORMING)	
ARTS LLC, and KYE SAYERS,)	
)	
Plaintiffs,)	
)	
v.)	Civ. Action
)	No. <u>3:21-cv-00490</u>
)	Judge Trauger
CARTER LAWRENCE, Tennessee State Fire)	
Marshal, in his official capacity,)	
CHRISTOPHER BAINBRIDGE, Director of)	
Codes Enforcement, in his official capacity,)	
GLENN R. FUNK, District Attorney General)	
for the 20th Judicial District, in his official)	
capacity, and NEAL PINKSTON, District)	
Attorney General for 11th Judicial District, in)	
his official capacity,)	
)	
Defendants.)	

DECLARATION OF SHAYNE SEBOLD TAYLOR, MD

Preliminary statement

1. My name is Shayne Sebold Taylor, MD. I have been retained by counsel for Plaintiffs as an expert in connection with the above-mentioned litigation. I have actual knowledge of the matters stated herein.
2. I am an Assistant Professor of Internal Medicine and Pediatrics at Vanderbilt University Medical Center and the Monroe Carrell Jr. Children's Hospital at Vanderbilt in Nashville, Tennessee.
3. I am licensed in the state of Tennessee to practice medicine (TN License #55151).

4. I am board certified in both Internal Medicine and Pediatrics by the American Board of Internal Medicine and the American Board of Pediatrics, respectively.
5. I obtained my undergraduate degree at Emory University with a BS in Biology and a BA in Women and Gender Studies. I received my medical degree from Drexel University College of Medicine and completed my Internal Medicine and Pediatrics residencies at Vanderbilt University Medical Center.
6. I have lived and practiced medicine in the state of Tennessee since 2014.
7. Additional information about my professional background and experience is outlined in my curriculum vitae, a true and accurate copy of which is attached as Exhibit A to this report. In conjunction with serving as an Assistant Professor of Internal Medicine and Pediatrics at Vanderbilt, I am the creator and Lead Clinician of the Vanderbilt Clinic for Transgender Health, a multi-disciplinary patient-centered medical home for transgender adults. My clinical duties include providing primary care and transition-related care (particularly hormone therapy), as well as providing care navigation with specialists across the Vanderbilt medical community. I have over 700 transgender patients under my care with a 3-6 month waitlist to be seen for services. The majority of my patients reside in Middle TN, however I have patients traveling 3-4 hours to come to the clinic spanning from Memphis to the west and Kingsport to the east.
8. In addition to my clinical work, I provide guidance to physicians throughout Vanderbilt and Middle Tennessee who care for transgender patients. I do this by giving grand rounds, presentations to medical students and residents, and training to various community providers on the importance of culturally competent care for the transgender patient.

9. As part of my practice, I stay current on medical research and literature relating to the care of transgender persons and patient's suffering with gender dysphoria.
10. I am a member of the World Professional Association of Transgender Health (WPATH), American Academy of Pediatrics (AAP), American College of Physicians (ACP), Alpha Omega Alpha (AOA) medical honor's society, and the Gay and Lesbian Medical Association (GLMA).
11. I am being compensated \$350/hour for my time preparing this testimony. My compensation does not depend on the outcome of the litigation, the opinions I express, or the testimony I provide.

Sex, Gender, and Gender Identity

12. The sex of a child is most often determined after delivery based on the visual appearance of an infant's external genitals.
13. Research has identified that determination of sex is far more complex than what is seen on genital exam. Instead, sex is a complex compilation of multiple factors including one's chromosomal make up (XX for those assigned female at birth, XY for those assigned male at birth), gonadal sex (presence of ovaries or testes), fetal hormonal sex (production of sex hormones *by* the fetus or exogenous exposure of sex hormones *to* the developing fetus), pubertal hormonal sex (the change in hormonal milieu that results in the development of secondary sexual characteristics- facial hair and deep voice for those assigned male at birth, breasts and menstrual cycles for those assigned female), hypothalamic sex (variations in brain structure and function as a result of embryonal exposure of sex hormones), and gender identity.

14. For each of the above factors that contribute to the development of sex, there can be variations. Sex related characteristics do not always align as either completely male or completely female. For example, many children are born with ambiguous genitalia, and as a result it is difficult to assign these infants as either male or female at birth. These patients are often identified as intersex, which is one of many disorders of sexual development (DSD). These children often see multiple specialists throughout their lifespan. Other examples of DSDs are those of chromosomal differences. The typical human chromosomal make up includes 46XY for males and 46XX for females. However, in male patients with Kleinfelter's syndrome their chromosomal makeup is 47XXY. These chromosomal male individuals have an extra X chromosome. The results include breast development and small testes, in addition to other physical findings. Patients with Turner Syndrome are 45XO. These female individuals are missing an X chromosome, and as such many of them do not develop normal female puberty and are often infertile. These variations are common. The Monroe Carrell Children's Hospital at Vanderbilt has an entire clinic to cater to the medical needs of this patient population.

15. Gender identity is a person's inner sense of belonging to a particular gender. Identifying as male or female is a core component of one's overall identity. Every person has a gender identity. Research has shown that children begin to develop and express their gender identity during their toddler years, at around the age of 3 years old. It has a strong biological basis and cannot be changed.

16. Scientific research has discovered many biological reasons for how an individual develops a gender identity. Complex interactions between hormones, chromosomes, and the developing embryo in utero are at the center of these theories.

17. From a medical perspective, in the event that one's gender identity does not match their sex assigned at birth, i.e. in transgender people, one's gender identity should be the determining factor of their sex. The medical consensus recognizes that when one's sex related-characteristics are not in alignment, a person's gender identity is the determining factor, more important than the presence of their genitals, their chromosomal analysis, or their hormone levels.

Gender Dysphoria and its Treatment

18. Transgender people have a gender identity that differs from the sex that was assigned to them at birth.

19. This lack of alignment of assigned sex and gender identity can result in severe distress, depression, anxiety. This constellation of symptoms is termed gender dysphoria.

20. Treating gender dysphoria results in significant improvement in the quality of life, mental and physical health of transgender persons. Transgender people undergoing treatment for their gender dysphoria can live long, happy, productive and meaningful lives.

21. Gender transition for those that suffer from Gender Dysphoria is a lengthy process with multiple components. These components may include social transition, medical transition, and surgical transition. Each transgender individual approaches transition differently, as the decision to undergo any aspect of transition is deeply personal and depends on the degree and type of dysphoria the patient is experiencing.

22. The social transition is a formative aspect of a transgender person's experience. Social transition can include going by a different name, using different pronouns, or changing one's haircut, or clothing to match one's gender identity.

23. As part of the social transition, a transgender individual will make changes that will allow them to seamlessly incorporate into their communities with a presentation that matches with their gender identity. This may mean using a restroom facility that matches their gender identity, in the same way that a non-transgender person uses the bathroom that matches their gender identity.
24. In addition to social transition, transgender individuals often interface with a healthcare setting for medical or surgical intervention. Medical transition often includes the prescription of hormones so that the transgender person can develop secondary sexual characteristics of the sex with which they identify. This may mean that a transgender man (or someone who was assigned female at birth) may grow facial hair and develop a much deeper voice as a result of testosterone treatment. Alternatively, transgender women (assigned male at birth), may develop breast tissue and a more feminine body fat distribution as a result of estrogen that may be prescribed by a clinician.
25. Some transgender patients seek surgical transition. These surgical procedures further change the patient's anatomy so that their outward appearance matches more closely with their gender identity.
26. Given the medical and surgical treatments that transgender patients may encounter, they are often no longer presenting as their sex assigned at birth. This will further create stress and anxiety for bathroom users, both transgender and otherwise. An example is as follows: a transgender man has been on testosterone therapy for many years. As a result, he has a full-grown beard. He has also had surgical removal of his breast tissue. He wears men's clothing and speaks in a deep voice. It is harmful for that man to have to use a woman's restroom.

Transgender in Tennessee

27. According to a Williams Institute study in 2016, there are approximately 1.6 million people in the United States that identify as transgender. In this same study, it was revealed that an estimated 31,000 transgender people (or 0.6% of the state's population) live in the state of Tennessee. Tennessee is ranked 10th in the nation for its percentage of transgender individuals (Hawaii being the highest and North Dakota with the lowest).
28. H.B. 1182 requires a sign that specifically mentions the term "biological sex." This term has no place or meaning in either science or medicine, because experts who study sex and gender understand that the biology and identity of a human being is far more complex than what can be identified on an individual's genital anatomy or chromosomal evaluation. Having this controversial political term, one that has no value or meaning in medicine or science, posted on every public bathroom in the state of Tennessee is dangerous and distressing, further running the risk of worsening gender dysphoria for those that suffer from the condition.
29. The 31,000 transgender individuals in Tennessee work in Tennessee businesses, go to Tennessee schools and are active members of their families, communities and churches to name a few. Transgender Tennesseans deserve privacy when they use the restroom. Using the restroom at a business is often necessary and should be routine. A transgender patron should not have to effectively disclose their transgender status by using the designated restroom that matches their sex assigned at birth. A transgender person should be able to use the restroom that matches with their gender identity. A large posted sign referencing "biological sex" on every business is stigmatizing and isolating for

transgender Tennesseans. The Act that goes into law on July 1, 2021 is harmful and dangerous for these members of our community.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: June 21, 2021



Shayne Sebold Taylor, MD

Shayne Sebold Taylor, M.D.
Curriculum Vitae

Contact Information:

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Nashville, TN 37221
Office Phone: (615) 538-3668
Email Address: shayne.s.taylor@vumc.org

EDUCATION

Undergraduate:

EMORY UNIVERSITY, Atlanta, GA
Degree: Bachelor of Science in Biology and
Bachelor of the Arts in Women and Gender Studies
Dates: August 2006 – May 2009

CONNECTICUT COLLEGE, New London, CT
Dates: August 2005 – May 2006

Professional or Graduate School:

DREXEL UNIVERSITY COLLEGE OF MEDICINE, Philadelphia, PA
Degree: Doctor of Medicine
Dates: August 2010 – May 2014

Postgraduate Training:

VANDERBILT UNIVERSITY, Nashville, TN
Internal Medicine & Pediatrics Internship & Residency Program
Dates: July 2014-August 2018

LICENSURE AND CERTIFICATION

- TN Medical License (# 55151) 1/14/2016-09/30/2020
- Board Certification American Board of Pediatrics 10/2018
- Board Certification American Board of Internal Medicine 08/2019

ACADEMIC APPOINTMENTS

Assistant Professor of Medicine
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, Nashville, TN
August 2018 – present

HOSPITAL APPOINTMENTS

Active Medical Staff

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, Nashville, TN

August 2018 – present

PROFESSIONAL ORGANIZATIONS

- American Academy of Pediatrics (AAP)
- American College of Physicians (ACP)
- Alpha Omega Alpha (AOA)
- Cumberland Pediatrics Foundation (CPF)
- National Med-Peds Residency Association (NMPRA)
- Gay and Lesbian Medical Association (GLMA)
- World Professional Association for Transgender Health (WPATH)

PROFESSIONAL ACTIVITIES

- Vanderbilt University, Med-Ped Residency Program
 - Physicians for Reproductive Health Board Member, 2014-2017
 - LGBTI Health Provider, 2015-present
 - World Professional Association for Transgender Health (WPATH) Conference Attendee, February 2016
 - Nexplanon Resident Education Organizer, 2016-2017
 - Vanderbilt Gender Clinic Committee Member, 2016-present
 - Page Campbell Moonlighter, 2016-2018
 - Bioethics Certificate Program Participant, 2017-2018
 - Med-Peds Wellness Chief, 2017-2018
- Vanderbilt University Medical Center
 - Lead clinician, Vanderbilt Clinic for Transgender Health 2018-present
 - Providing direct clinical care to >600 transgender patients in the Southeast region
 - Coordinating care between all specialties at VUMC for transgender care
 - Regional consultant to local primary care physicians
- Expert witness to Lambda Legal 2020-present

AWARDS AND SPECIAL RECOGNITION

- Writer's Award from The Emory University President's Commission on the Status of Women, "*Young Venuses and Old Hags: a feminist critique on the media's portrayal of aging women*," 2009
- Pathology Honor Society at Drexel University, 2010
- The Lila Kroser Scholarship at Drexel University, 2013
- The Drexel University Peer Commendation for Professional Behavior, 2014
- Alpha Omega Alpha, Drexel University College of Medicine, 2014

- Excellence in Patient Experience, VUMC 2020

TEACHING ACTIVITIES

- Creator for the LGBTQ Health Curriculum for Residents, 2017-present
- Research mentor to Mollie Limb, VUSM student, 2018-present
- QI research mentor to Kalin Wilson, VUSM student, 2018-present
- Faculty partner with Internal Medicine Residency Social Medicine Club 2019
- Contributor to Internal Medicine Resident Handbook 2019
- Foundations of Healthcare Delivery faculty
- Integrated Science Course faculty
- ACE primary care rotation faculty

PUBLICATIONS AND PRESENTATIONS

Presentations:

“Caring for the Transgender Patient: With little evidence, but a lot of love.” Vanderbilt University Division of Infectious Disease Grand Rounds and Division of General Internal Medicine Grand Rounds, 4/4/2019 and 5/22/2019.

“A Primer for Transgender Health.” Southeast/TN AIDS Education and Training Center, webcast 1/30/2019.

“The Clinic for Transgender Health: A Passion Project for our Patients.” Vanderbilt University Program for LGBTQ Health Grand Rounds, 11/14/2018.

“Caring for the Transgender Patient.” Vanderbilt University School of Nursing, 10/23/19.

“Caring for the transgender patient, with little evidence but a lot of love. Lessons learned creating a Transgender Health Clinic in the South.” American College of Osteopathic Obstetricians and Gynecologists. Virtual Presentation 3/20/2020.

Articles in Refereed Journals:

Taylor, S.S., Ehrenfeld, J.M. “Electronic Health Records and Preparedness: Lessons from Hurricanes Katrina and Harvey” Journal of Medical Systems. (2017) 41:173.

Gamble, R, **Taylor SS**, Ehrenfeld J.M., Huggins, A. “Trans-specific Geriatric Health Assessment (TGHA): An inclusive clinical guideline for the geriatric transgender patient in a primary care setting.” Maturitas, Volume 132, 70 - 75

RESEARCH PROJECTS

Healthcare Needs and Barriers Among New Patients at a Clinic for Transgender Health

IRB NUMBER: 192299

PI: Shayne Taylor

Assessing LGBTQ+/Racial Minority Trainee's Experiences with Social Support, Loneliness, and Feelings of Anxiety or Depression During Training

IRB #210225

PI: Hannah Lomzenski

Faculty Advisor: Shayne Taylor